

File Date: _____

Case No: _____

ATTACHMENT # _____

EXHIBIT _____

TAB (DESCRIPTION) _____

Flora Katsnelson, M.D.



Dr. Flora Katsnelson, a University of Chicago graduate, who finished her residency at Mount Sinai Medical Center, has been involved in treatment of venous disease since 2005. She is a cofounder of USA Vein Clinics.

Her knowledge, expertise, unique approach and care for her patients make Dr. Flora Katsnelson one of the most respected physicians in the clinic. She is fluent in English, Russian, Ukrainian, Hebrew and conversational Spanish. She is also a member of the Silent Auction Committee of the American College of Phlebology.

Dr. Flora Katsnelson is an author and co-author of many medical and scientific publications. Dr. Flora Katsnelson's publications

Michael Bezuevsky, D.O.



Dr. Michael Bezuevsky was born in Uzbekistan where he studied at Tashkent State Medical Institute. He completed his training at Deborah Heart & Lung Center in Brown Mills, NJ. Dr. Bezuevsky is one of the leading Vascular surgeons in the New York metropolitan area, and is a Chief of Vascular lab at the Lutheran Medical Center.

Dr. Bezuevsky is the author and co-author of numerous research publications and has performed thousands of minimally invasive procedures. In addition to English, Dr. Bezuevsky is also fluent in Russian.

Di Fan, M.D.



Dr. Di Fan has more than 20 years of experience in thoracic and cardiovascular surgery. He has performed thousands of operations in thoracic and cardiovascular surgery, as well as innovative minimally invasive Endovenous Laser Therapy procedures.

Dr. Fan was born in China and completed his fellowship training in pediatric cardiovascular surgery at Children's National Medical Center in Washington, DC. In addition to English, he is fluent Chinese speaker.

Dr. Di Fan is an author and co-author of multiple medical and scientific publications. Dr. Di Fan's publications

Alexander Kolesnikov, M.D.

Dr. Alexander Kolesnikov has more than 20 years of experience in the cardiovascular field from Israel and the United States. He was born in Russia and completed post-graduate training at Lutheran Medical Center in Brooklyn, NY. Dr. Kolesnikov has performed thousands of minimally invasive procedures, including the innovative EVLT endovenous laser ablation procedure.

In addition to English, Dr. Kolesnikov is fluent in Russian and Hebrew.



Alexander Gart, M.D.



Alexander Gart, MD graduated from the Second Moscow Medical Institute in 1984. He continued his post-graduate training in General and Vascular Surgery in Moscow. After arriving to the United States in 1991, Dr. Gart completed his General Surgery Residency at Staten Island University Hospital (New York) and the Vascular Surgery Fellowship in Englewood Hospital (New Jersey).

Dr. Gart is currently the Director of the Clinical Vascular and Endovascular Surgery in Lincoln Hospital Medical Center (Bronx). He joined the New York Presbyterian Hospital Division of Vascular Surgery in 2003 and is Assistant Professor of Surgery at the Columbia University College of Physicians and Surgeons.

Dr. Gart has extensive experience in the management of aortic, carotid, and peripheral vascular diseases. His particular interest is lower extremity distal bypasses to small vessels below knee. Dr. Gart is member of American Venous Forum and utilizing novice minimally invasive vascular technique for treatment of venous disease.

Dr. Gart performs minimally invasive vascular procedures, such as, angiography, balloon angioplasty, stenting and atherectomy at New York Presbyterian Hospital/Weill Cornell Medical Center in a state-of-the-art vascular operating room, as well in the new, fully- equipped minimally invasive procedure suite at Lincoln Hospital.

Dr. Gart is a fellow of American College of Surgeons (FACS) as well as member of Society for Vascular Surgery (SVS).

George Mutafyan, M.D.



Dr. Mutafyan completed a General Surgery internship at Oregon Health & Science University in 2002 and his surgical residency at Michigan State University in 2006. In 2008, Dr. Mutafyan was awarded a fellowship at Duke University Medical Center to conduct research under the Minimally Invasive Surgery, General Surgery, Laparoscopic Surgery and Weight Loss Surgical disciplines.

Dr. Mutafyan is a member of the American College of Surgeons, Society of American Gastrointestinal and Endoscopic Surgeons, American Society for Metabolic & Bariatric Surgery, Society for Surgery of the Alimentary Tract.

Sergey Ayzenberg, M.D.

Sergey Ayzenberg M.D. is an Attending Physician in the Division of Cardiology at Maimonides Medical Center. Dr. Ayzenberg performs Interventional procedures, Cardiac Stenting, as well as Non-Invasive stress testing, Echocardiography and Peripheral Vascular Ultrasound. He completed his fellowship in Cardiology and Interventional Cardiology at Maimonides Medical Center. Dr.



Ayzenberg is board certified in Internal Medicine, Cardiovascular Disease, Echocardiography, Nuclear Medicine, and Interventional Cardiology. Dr. Ayzenberg is also fluent in Russian.

Gina Louie, M.D.



Dr. Gina Louie, is highly trained in minimally-invasive vascular and non-vascular interventional procedures. She graduated from Stanford Medical School (where she was an American Heart Association Research Fellow), followed by residency training at Mount Sinai Medical Center, and fellowship training at New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center. She is the founder of Advanced Vascular Solutions, the first, specialized vein treatment center on the Jersey Shore, since 2005. She is a member of the American College of Phlebology, the Society of Interventional Radiology, and the American Academy of Cosmetic Physicians.

She has performed thousands of minimally-invasive, endovenous laser procedures, as well as the full spectrum of interventional procedures.

Dr. Gina Louie is an author and co-author of multiple medical and scientific publications.

Ready for the next step? Request an appointment today by **filling out the form**, or **calling our direct line 888-768-3467** to contact any of our office locations.

- [Home](#)
- [Our Locations](#)
- [Vein Problems](#)
- [Treatments](#)
- [What to Expect](#)
- [Insurance Coverage](#)
- [Testimonials](#)
- [Contact Us](#)

© 2012 USA Vein Clinics - All Rights Reserved.

- [Privacy Policy](#)
- [Terms of Use](#)
- [Sitemap](#)

Zverev Production 000022

Zverev Production 000023

H

1500

EXHIBIT

H

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

☐ PICAPICA ☐

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/>	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO #yes, return to and complete item 9 a-d. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED	
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. _____ 3. _____ 2. _____ 4. _____		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER		F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE		28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$	
32. SERVICE FACILITY LOCATION INFORMATION a. b.		33. BILLING PROVIDER INFO & PH # () a. b.	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured", i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bill.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1952, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 38 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies; for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, "Carrier Medicare Claims Report," published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0099. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.

I

2007 Reimbursement Guide

.....

DIOMED **MBA*** PROGRAM

***M**aximizing **B**usiness **A**chievement

.....

The Greatest Experience in Building a Vein Practice

EXHIBIT

I



EVL[®] non-surgical
endovenous
laser treatment
The Greatest Experience in Eliminating Varicose Veins[™]

Zverev Production 000026

DISCLAIMER

This guide is designed to offer basic information regarding insurance coverage for the Diomed, Inc. EVLT® System. Third party payment is influenced by many factors, not all of which can be anticipated or resolved by Diomed, Inc. The information contained in this guide was gathered from a variety of third party sources including the American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS), and is intended to provide general information only. Diomed, Inc. makes no express or implied warranty or guarantee (i) that the list of codes and narratives is complete or error-free, (ii) that the use of this information will prevent differences of opinions or disputes with payers, (iii) that these codes will be covered, or (iv) that the provider will be guaranteed reimbursement.

Any five-digit numeric or numeric-alpha *Physicians' Current Procedural Terminology, Professional Edition* (CPT) codes, service descriptions, instructions and/or guidelines are ©2007 American Medical Association. (All rights reserved.) The AMA assumes no responsibility for consequences attributable to or related to any use or interpretation of any information or views contained or not contained in this report. Each claim should be coded appropriately and supported with adequate documentation in the medical record.

Readers of this Reimbursement Guide are advised that the contents of this manual are to be used as guidelines and are not to be construed as policies of Diomed, Inc. Diomed, Inc. recommends that this information be integrated with your payer guidelines, adjusting where necessary to meet the payer's billing requirements.

©2007 Diomed, Inc. Printed in the USA. No part of this guide, with exceptions limited to sample letters and supporting documents, may be duplicated, reproduced, copied or distributed in any manner without the permission of Diomed, Inc.

This information is provided by Diomed, Inc. as a guide for coding procedures and services involving the EVLT® procedure. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to local coverage, bundling and reimbursement policies.

INTRODUCTION

Each year the health care system is flooded with an array of new products and technologies, most offering safe, effective, less invasive alternatives to current (traditional) treatments. The standard of care is changing. Physicians are moving from surgical procedures to less invasive technologies. Patients are educated consumers. They expect new technology and are willing to press their carriers for coverage.

The EVLT® procedure (EndoVenous Laser Treatment) effectively and safely treats vein disease through ablation of the greater saphenous vein and other "truncal" veins that may be the source of primary reflux. EVLT® provides a minimally invasive alternative for the more than 1,000,000 patients (annually) around the world who undergo radical vein stripping. The EVLT® procedure is recognized by most payers. Insurance pre-certification and claims filing requirements may vary. Diomed, Inc. is pleased to provide you with this **EVLT® Reimbursement Guide**. This guide is intended to help you handle anticipated reimbursement concerns proactively and efficiently so that you can spend more time with your patients. Specifically, this guide has been created to:

- Provide general coverage, coding and reimbursement information for Medicare and non-Medicare patients;
- Assist with cost-effective assimilation and integration of EVLT® into your current practice.
- Provide tools to help capture and simplify the collection of medical necessity criteria.

Diomed, Inc. is committed to providing our customers with reimbursement support materials for use in conjunction with EVLT® reimbursement claims. This guide is designed for those people responsible for payer relations, coverage and/or pre-certification, and the billing and reporting of services provided to the patient. Please share this information with the billing staff at your office and at the hospital where appropriate. For more information visit our web site at www.evl.com. Additional paper and electronic copies are available at no charge upon request.

This guide is just one example of our commitment to comprehensive customer support. Should you encounter any special problems or have questions / comments not addressed in this guide, please let us know. We welcome all suggestions. Please contact the Director of Reimbursement at 623-322-0803.

This information is provided by Diomed, Inc. as a guide for coding procedures and services involving the EVLT® procedure. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to local coverage, bundling and reimbursement policies.

TABLE OF CONTENTS

PRE-CERTIFICATION FOR NON-MEDICARE PAYERS	5
INTRODUCING PAYERS TO THE EVLT® PROCEDURE	5
Sample Payer Education Letter	6
APPEALING DENIED OR UNDERPAID CLAIMS	7
Appealing Denied Claims	7
Letter of Appeal	8
Appealing Underpaid Claims	12
CODING AND CLAIMS SUBMISSION	13
Coding	13
Claims Submission	14
Clean Claims	14
Summary Of Possible Coding Options For EVLT®	15
Possible Coding For Outpatient Hospital Services	16
Outpatient Hospital	16
UB-92 Paper Claim Form (Outpatient Hospital)	17
Sample UB-92 Paper Claim Form (Outpatient Hospital)	18
Possible Coding For Physician Services	19
HCFA/CMS 1500 Paper Claim Form (Physician)	19
Sample HCFA/CMS 1500 Paper Claim Form (Physician)	20
CONTACTS	21
Claims Submission Or Questions Regarding This Guide	21
EVLT® Documentation	21
Diomed, Inc. Contact Information	21
CODING AND PAYMENT	22
Continuum Of Care - One Vein	23
Ambulatory Payment Classification (APC) vs. Ambulatory Surgical Center	25
Medicare Unadjusted Payment Rate - 2007 - In ASC	26
Formula For Medicare Payment (Unadjusted National Average)	27
Work Sheet	29
CRITERIA FOR MEDICAL NECESSITY	30
Criteria For Coverage	30
General Coverage Criteria	31
New Patients Who Have Previously Received Care For Varicose Veins	32
New Patients Who Have Not Received Care For Varicose Veins At Any Time In The Past	38
SAMPLE PACKET	53
APPENDIX	54
Payor List	55
Frequently Asked Questions	56
Glossary Of Reimbursement Acronyms	59
Glossary Of Reimbursement Terms	61
Bibliography	69

This information is provided by Diomed, Inc. as a guide for coding procedures and services involving the EVLT® procedure. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to local coverage, bundling and reimbursement policies.

PRE-CERTIFICATION FOR NON-MEDICARE PAYERS

There are innumerable health insurance plans in the United States, most with their own caveats. Though many follow Medicare policy, private payer requirements vary for outpatient pre-certification procedures. While some payers do not require pre-certification for outpatient procedures or in-office procedures, other payers require it. Some payers require pre-certification based on diagnosis, regardless of site of service. Diomed, Inc. recommends providers verify pre-certification requirements for each patient, with the exception of Medicare patients (Medicare does not pre-certify patients), prior to scheduling or performing the EVLT® procedure.

If a payer does require pre-certification of the EVLT® procedure, most carriers will expect the provider to employ the same process used for all other pre-certifications. The carrier will provide the necessary instructions.

It is important to understand that regardless of pre-certification requirements, medical necessity criteria must be met in order for venous procedures to be covered. **Medical necessity includes chronic venous insufficiency with significant pain interfering with the activities of daily living (ADL) and not responsive to a reasonable trial of conservative measures, stasis ulcers not responding to conventional therapy in a reasonable period of time, post-phlebotic syndrome, bleeding from varicosities, and others. Simple primary varicosities, no matter how extensive, if not otherwise symptomatic, are not generally considered "medically necessary" for treatment. Be sure to check the payor policy regarding criteria for conservative treatment required prior to EVLT®.**

INTRODUCING PAYERS TO THE EVLT® PROCEDURE

Most carriers provide coverage for EVLT®. We have included (in the *Supporting Documentation* Section) a list of payors who have a written coverage policy for EVLT®. There are other payors who provide coverage for EVLT®, but do not have a specific written policy. Those payors are not on this list.

In the event that some of your local carriers have not provided a written coverage policy for EVLT®, you may find it helpful to contact your Provider Relations Representative or Medical Director and introduce them to the EVLT® procedure while also clarifying their coverage, payment and pre-certification requirements. We recommend that this activity be done as an initial contact with your contracted payers, separate from the pre-certification process, which is done on a patient-by-patient basis. We have drafted an introductory letter on the following page that you may find helpful for this purpose.

Please customize this letter to reflect any contractual language which may be required. For example, if your office contracts with a particular payer and they identify your contract with an account number, be sure to reference it in the top of the letter. Also, if you have a provider service representative that your office usually deals with, you may want to address the letter to his/her attention instead of addressing it to the Medical Director.

We recommend including the attachments (including bibliography) identified in the *Supporting Documentation* Section of this Reimbursement Manual with your letter.

To assist us with tracking of insurance approvals and denials relating to EVLT®, we would greatly appreciate if you would let us know the outcome of any payer-educational campaigns you initiate. Please contact the Director of Reimbursement at 623-322-0803. Diomed, Inc. has prepared presentation materials to assist providers with education campaigns.

This information is provided by Diomed, Inc. as a guide for coding procedures and services involving the EVLT® procedure. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to local coverage, bundling and reimbursement policies.

.....
Sample Payer Education Letter

Insurance Company
Street Address
City, State, Zip

Dear Dr. Med. Dir. Name :

Our practice participates with carrier name and I am seeking clarification of coverage for an FDA-cleared treatment for venous reflux disease. This treatment is a minimally invasive alternative to vein stripping and can be done with percutaneous vein access and local anesthesia. This procedure effectively and safely occludes refluxing veins with an ablating technique. I have been involved with this procedure for # months and am very impressed with it, particularly when compared to invasive vein stripping. I would like to begin offering it to your covered patients, but before doing so, would like to confirm that you do have a coverage policy for this procedure.

The procedure, known as EVLT® (EndoVenous Laser Treatment), can be performed in my office under local anesthesia, and takes approximately 60 minutes to perform. Unlike traditional vein stripping procedures, EVLT® does not involve general anesthesia, groin surgery, or prolonged use of leg bandages. In addition, studies have shown that vein stripping results in significant post-operative patient discomfort, bruising, and hematoma. Clinical results have shown that the EVLT® procedure can help reduce or eliminate pain, swelling, and leg fatigue within one week of treatment in most patients, with minimal post-operative hematoma and tenderness. EVLT® can also be performed adjunctively with phlebectomy, sclerotherapy, or high ligation. To date, 98% of the patients treated with the Diomed, Inc. EVLT® System have been successful.

The EVLT® System utilizes a laser fiber to heat and shrink the vein wall. The combination of shrinking the vein and damaging the vessel's intima and wall causes the vein to fibrotically seal, resulting in persistent occlusion of the vein and reduction of patient symptoms. The System consists of two main components: The EVLT® fiber and sheath/dilator and the laser. The fiber and sheath/dilator are provided in a sterile kit, and are single-use, disposable devices.

There have been approximately 200,000 to 250,000 limbs, worldwide, successfully treated with Endovenous Laser. An estimated 100,000 have been performed using the Diomed EVLT® laser system.

Five year outcomes for EVLT® have been published and results demonstrate 98% of treated veins remain closed at up to 5 years. When compared to alternative approaches like Radiofrequency ablation with published long term success rates as low as 88%, or the pain and morbidity associated with surgical stripping, I believe EVLT® is the best treatment modality for my patients and your subscribers.

This procedure has been recognized by the Society of Interventional Radiologists, Society for Laser in Medicine and Surgery, American College of Phlebology, Society of Vascular Surgery, American Venous Forum and the American Academy of Dermatology.

The procedure code(s) (36478 and 36479), has been evaluated in relation to the resource based relative value scale (RBRVS) and is covered by more than 67 carriers nationwide.

Please confirm in writing that you do have a policy to include this procedure. I welcome the opportunity to meet with you or to demonstrate this procedure for you if you would like to observe this treatment in my office.

Sincerely,
Thomas Doctor, MD

Enclosures:

(suggestions: FDA Clearance Letter, Bibliography, EVLT® Technology Overview, List of payor policies obtained from sales representative, Min, JVC Surg, 4916 - JSY)

This information is provided by Diomed, Inc. as a guide for coding procedures and services involving the EVLT® procedure. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. We strongly suggest you consult your payer organizations with regard to local coverage, bundling and reimbursement policies.